900 SW Jackson Street, Suite 507, Topeka, KS 66612

www.ksbtp.ks.gov

785-296-3053

CONTIN		AUDIT REPORT FORM FOR TWO YEAR	
	FROM(mm/dd/yy)	TO (mm/dd/yy)	
Name:			
Profession:		Kansas License #:	
Instructions: List Continuir documentation	ng Education activity and n for your own records. l	attach copies of documentation in order listed on this for more information, please go to http://www.ksbtp.ks	orm for 30 PDHs. Keep origina gov
Date of Activity	Title/Description/ Presenter's Name	Sponsoring Organization and Location of Activity	PDHs Office Use Earned Only
PDHs Claim Carry-Over	PDHs	Not to exceed 30 (20 if dual) Not to exceed 30 (20 if dual) (from	to)
TOTAL PDI		STATEMENTS IN THIS FORM ARE TRUE AN	D CORRECT.
	Sool with Signature on	d Data SICNATUDE	DATE